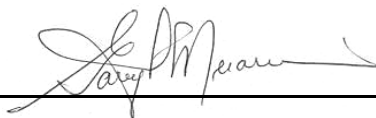

	OPERATING PROCEDURE	
	<i>CARDIAC ARREST</i>	
	<i>PULSELESS ELECTRICAL ACTIVITY (PEA)</i>	
	Effective Date: November 1, 1986	Revised: October 1, 2000
Approved By:		
Approved By Operational Medical Director:		

ALS ONLY

1. Ensure that electrodes and cables are properly connected. Ensure that the EKG documenting PEA is either printed or captured into "Code Summary".
2. PEA has several possible causes, many of which may be treated by ALS providers in the pre-hospital setting. While carrying out this protocol, ALS providers should simultaneously search for a possible cause of the arrest. Possible causes that can be identified and treated in the *pre-hospital* setting include (but are not limited to):
 - ✓ acidosis
 - ✓ tension pneumothorax
 - ✓ hypoxia
 - ✓ hypovolemia
 - ✓ hypoglycemia
 - ✓ hypothermia
 - ✓ drug overdose

Other causes may be difficult or impossible to detect/correct prior to transport to the hospital. If a treatable cause for the arrest is identified, the ALS provider should take corrective actions immediately. If no treatable cause is identified, the protocol should be followed as directed.

***DO NOT DELAY PATIENT CARE WHILE TRYING TO DETERMINE
POSSIBLE CAUSE FOR THE ARREST***

3. Between each intervention, reassess patient and observe the EKG monitor for change in rhythm.
4. Intubate as soon as possible. Confirm ET tube placement.
5. If the patient presents with an absolute bradycardic rhythm initiate emergency transcutaneous pacing as soon as possible.

<i>CARDIAC ARREST</i> <i>PULSELESS ELECTRICAL ACTIVITY (PEA) (6.3.07B)</i>		
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6. Establish an IV of 0.9% Sodium Chloride as soon as possible. Start a second IV as time allows. If IV access can not be obtained, obtain IO access.
7. Administer EPINEPHRINE:
- ❑ Adult: 1 mg 1:10,000 rapid IV/IO push every 3 to 5 minutes as needed.
 - ❑ If no IV or IO has been established, Administer EPINEPHRINE 1:1,000 2.5 mg ETT as outlined in OP 6.2.03.
 - ❑ If the patient does not respond to the 1 mg dose of EPINEPHRINE, consider increasing the dosage to 2 to 5 mg IV push every 3 to 5 minutes. A 30 mg vial of 1:1,000 EPINEPHRINE is recommended for this dosing regimen.
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
8. If the patient presents with an absolute bradycardic rhythm, administer ATROPINE:
- ❑ Adult 1 mg rapid IV/IO push every 3 to 5 minutes as needed, not to exceed 0.03 to 0.04 mg/kg
 - ❑ If no IV or IO has been established, administer 2.0 mg ETT as outlined in OP 6.2.03.
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
9. Consider SODIUM BICARBONATE:
- ❑ Adult: 1 mEq/kg IV push
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape

MEDICAL CONTROL ONLY

10. Consider termination of efforts